



PTO/SB/17 (12-04)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$)** **1,240.00**

Complete if Known

| | |
|----------------------|-----------------|
| Application Number | 09/284,107 |
| Filing Date | October 7, 1997 |
| First Named Inventor | Ton LOGTENBERG |
| Examiner Name | T. Wessendorf |
| Art Unit | 1639 |
| Attorney Docket No. | 313632000600 |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fees Paid (\$) |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity
Fee (\$) Fee (\$)

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

Total Claims Extra Claims Fee (\$) Fee Paid (\$)

_____ - = _____ x _____ = _____

Multiple Dependent Claims
Fee (\$) Fee Paid (\$)

_____ - = _____ x _____ = _____

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

_____ - = _____ x _____ = _____

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

_____ - 100 = _____ /50 (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other: 1252 Extension for response within second month

450.00

1801 Request for continued examination (RCE) (see 37 CFR 1.114)

790.00

SUBMITTED BY

| | | | | | |
|-------------------|---|--------------------------------------|--------|-----------|-----------------|
| Signature |  | Registration No. (Attorney/Agent) | 51,804 | Telephone | (858) 720-7955 |
| Name (Print/Type) | Laurie L. Hill | | | Date | January 7, 2005 |